

# 2010 Wisconsin Form EIC-A

## Earned Income Credit Information for up to three qualifying children

### Instructions

Complete the information for each qualifying child for the Wisconsin Earned Income Credit. If you have more than three qualifying children, you only have to list three to get the maximum credit.

Qualifying Child Information	Child 1	Child 2	Child 3
	First Last	First Last	First Last
<b>1 Child's name</b>			
<b>2 Child's social security number</b>	____ - ____ - ____	____ - ____ - ____	____ - ____ - ____
<b>3 Child's relationship to you</b> (check one)	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child	<input type="checkbox"/> Son or Daughter <input type="checkbox"/> Grandchild <input type="checkbox"/> Brother or Sister <input type="checkbox"/> Nephew or Niece <input type="checkbox"/> Foster Child
<b>4 Number of months child lived with you in the United States during 2010</b> NOTE: If the child lived with you for more than half of 2010, but less than 7 months, enter "7". If the child was born or died in 2010, and your home was the child's for the entire time he or she was alive during 2010, enter "12".	____	____	____
<b>5 Child's year of birth</b>	____	____	____
<b>6 If the child was born before 1992 –</b>			
<b>a</b> Was the child under age 24 at the end of 2010 and a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Was the child permanently and totally disabled during any part of 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No